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Substitute for form 1449/PTO Modified	Complete if Known		
	Application Number	10/051,442	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary)	Confirmation No.: Filing Date: First Named Inventor: Art Unit: Examiner Name:	3493 January 18, 2002 Sundeep, Chandhoke 2179 Hanne, Sara M.	
Sheet of	Attorney Docket Number:	5150-58200	

			II C DATENT	DOCUMENTS			
Examiner Initials*	Cite No.1	Document Number Number-Kind Code (if known)	Publication Date MM-DD- YYYY	Name of Patentee or Applicant of Cited Document Passages or Relevant Passages or Relevant Figures Appear		ant Relevant	
SH		US 5,481,741	01/02/1996	McKaskle, et al.			
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Examiner Initials*	Cite No. ¹	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentce or Applicant of Cited Document	Where Relevant Passages Englis Or Relevant Figures Transl		Check if English
		Country Code-Number-Kind Code (if known)					Translation is attached
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Examiner Initials*	Cite No.	Include name of the author (in CAPITAL LETTERS), title of article (when appropriate), title of the item (book, magazine, journal, scrial, symposium, catalog, etc.), date, (page(s), volume-issue number(s), publisher, city and/or country where published.					Check if English Translation is attached
SH	B1	The Measurement and Automation Catalog 2001; National Instruments Corporation; pps 52 – 85, 109, 244 – 267, 306 – 340, 644 – 666, and 690 – 700.					
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Examiner Signature	Ja	um Janesara	Hanne/	Date Considered	04/12/2006

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